PTO/SB/17 (10-08)

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Under the Paperwork Reduction Act of		oquii ou to	Tooperia to a composit		plete if Know		IDEI				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					0/588,232-Conf. #5423						
FEE TRANSMITTAL					August 3, 2006						
					Masayuki MORITA						
For FY 2009					S. Fang						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 4		4131						
TOTAL AMOUNT OF PAYMENT	(\$) 180.00		Attorney Docket	No.	)171-1294PUS1						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP											
For the above-identified depo	osit account, the D	irector is	hereby authorize	ed to: (chec	k all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND E	XAMINATION FEI	ES					$\neg$				
FI	LING FEES	SE	ARCH FEES	EXAMIN	IATION FEES						
Application Type Fee (\$	Small Entity (i) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)					
Utility 330	165	540	270	220	110						
Design 220	110	100	50	140	70		_				
Plant 220	110	330	165	170	85		_				
Reissue 330	165	540	270	650	325		_				
Provisional 220	110	0	0	0	0		_				
2. EXCESS CLAIM FEES Small Entity											
Fee Description						Fee (\$) Fee (\$)					
Each claim over 20 (including Reissues) 52 26											
Each independent claim over 3 (incl	uding Reissues)					220 110	- 1				
Multiple dependent claims	(A)	_	D-:-! (A)		ukinla Danand	390 195					
Total Claims Extra Claim 29 -29 or HP		Fee Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)						
HP = highest number of total claims paid for	x = r, if greater than 20.			<u> </u>	<u> </u>	ee Faiu (\$)					
Indep. Claims Extra Claim	_	F	ee Paid (\$)		<del></del>	<del></del>					
4 - 4 or HP =	x =		***************************************								
HP = highest number of independent claims	paid for, if greater tha	n 3.									
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
-100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S)				,		Fees Paid (\$)	_				
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00											
SUBMITTED BY							一				
Signature Carrier	#43595	,	Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-8000					
Name (Print/Type) Gerald M. Murphy, Jr. 🔑 Date November 20, 2009											

AM	Docket No. 0171-1294PUS1											
Application No. 10/588,232-Conf. #5423		Filing I August 3		kaminer 6. Fang		Art Unit 4131						
Applicant(s): Masayuki MORITA et al.												
Invention: ELECTRODE FOR ENERGY STORAGE DEVICE AND PROCESS FOR PRODUCING THE SAME												
MS Amendmen Commissioner P.O. Box 1450 Alexandria, VA Transmitted	for Patents	ndment in the	above-identii	ied applicat	ion.							
The fee has b	een calculated an	d is transmitte	d as shown b	elow.								
	***	CLAIM	S AS AMEN	DED								
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	Rate							
Total Claims		- 29 =	0	х	52.00		0.00					
Independen Claims	4	- 4 =	0	x 2	20.00		0.00					
Multiple Dep	Multiple Dependent Claims (check if applicable)											
Other fee (p	lease specify):											
TOTAL AD	DITIONAL FEE FO	OR THIS AME	NDMENT:				0.00					
x Large Er	ntity			Sma	all Entity							
x No additional fee is required for this amendment.												
Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.												
A check in the amount of \$ is enclosed.												
Paymen	t by credit card. Fo	orm PTO-2038	is attached.									
X The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed.												
x Credit any overpayment.												
Char Gerald M. M Attorney Re	/urphy, Jr. For	ing or application	on processing	fees require Date	MI	37 CFR 1. <b>)V 2 0</b>						
BIRCH, STI 8110 Gateh Suite 100 E P.O. Box 74	EWART, KOLASC nouse Road ast 47 h, Virginia 22040-		LP									